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FILED
Apr 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02544 (7)
1. Corporation Name
SUN RUN CONDOMINIUM II, ASSOCIATION, INC.

Principal Place of Business Mailing Address
3300 S.W. 46TH AVE. DAVIE FL 33314 3300 S.W. 46TH AVE. DAVIE FL 33314-2215



2. Principal Place of Business
21 3110 NW 88 AVE % ALLIANCE PROPERTY SYSTEMS
SUITE, APT. #, etc. PO BOX 26478
22 FORT LAUDERDALE FL 33320-6478
23 Sunrise FL
24 33351 25 Broward 29 ~~3344~~ 30 Broward

3. Date Incorporated or Qualified 04/13/1984 3a. Date of Last Report 03/13/1996
FEI Number 59-2438064 Applied For Not Applicable
Certificate of Status Desired \$8.75 Additional Fee Required
Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution
This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
PRESTIGE PROPERTY MANAGEMENT & MAINTENANCE
3300 S.W. 46TH AVE.
DAVIE FL 33314

10. Name and Address of New Registered Agent
81 Name Alliance Property Systems
82 Street Address (P.O. Box Number is Not Acceptable) 7101 W Commercial Blvd 4A
83
84 City Ft. Lauderdale FL 85 Zip Code 33319

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *[Signature]* DATE: 3/20/97

12. OFFICERS AND DIRECTORS

TITLE	RD	<input type="checkbox"/> DELETE
NAME	BUKZAM, EDDIE	
STREET ADDRESS	3110 NW 88 AVE., #207	
CITY-ST-ZIP	SUNRISE FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	CALAMELA, FRANK	
STREET ADDRESS	3110 NW 88 AVENUE #310	
CITY-ST-ZIP	SUNRISE FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ISRAEL, PAUL	
STREET ADDRESS	3110 NW 88 AVE., #410	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Natalie Wiener	
1.3 STREET ADDRESS	310 NW 88 Ave #306	
1.4 CITY-ST-ZIP	Sunrise FL 33351	
2.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Bokram	
2.3 STREET ADDRESS	310 NW 88 Ave #305	
2.4 CITY-ST-ZIP	Sunrise FL 33351	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Abby Landy	
3.3 STREET ADDRESS	310 NW 88 Ave #203	
3.4 CITY-ST-ZIP	Sunrise FL 33351	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.
SIGNATURE: *[Signature]* DATE: 3/20/97 DAYTIME PHONE: 954-748-8184

CR2E037 (9/96)